

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3250

Registration District No. 496

Primary Registration District No. 3025

Registrar's No. 9

1. PLACE OF DEATH:

(a) County. Linn County
(b) City or town. Brookfield,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution. Brookfield Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 Days
(Specify whether
In this community. All years, months or days)

3. (a) PRINT FULL NAME. Charles B. Ashbrook

3. (b) If veteran, name war. No
3. (c) Social Security No. None

4. Sex. Male
5. Color or race. White
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Elizabeth S. Ashbrook
6. (c) Age of husband or wife if alive. 58 years
7. Birth date of deceased. Feb. 10, 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 23
If less than one day hr. min.

9. Birthplace. Linn Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Farming & Stockraising

11. Industry or business.

12. Name. James E. Ashbrook
13. Birthplace. Linn Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name. Sarah E. Fore
15. Birthplace. Linn Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant. Elizabeth Ashbrook
(b) Address. Linn Co. Mo.
17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof. Jan. 12, 1941
(Month) (Day) (Year)
(c) Place: burial or cremation. Rose Hill Brookfield, Mo.

18. (a) Signature of funeral director. W. J. Thorne
(b) Address. Laclede, Mo. L. No. 2876
19. (a) 1-12-41 (b) J. H. Thorne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Linn
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Linn Co. Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1941 hour 10:45 minute P M.

21. I hereby certify that I attended the deceased from Nov. 16, 1940, to Jan 9, 1941;
that I last saw him alive on Jan 9, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death. Bronchopneumonia
Duration 9 days

Due to. 518
Due to.

Other conditions. Carcinoma of prostate
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy.
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).
(b) Date of occurrence.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature. J. H. Thorne (M. D. or other)
Address. Linn Co. Mo. Date signed 1-11-41

STATEMENT BY LICENSED EMBALMER

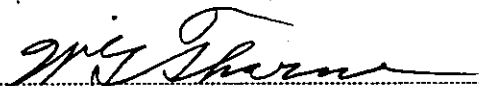
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

None

, Registered Apprentice No. 2876

working under my personal supervision.

Signed



Licensed Embalmer No. 2876

P. O. Address Laclede, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.